

## **Guidance for the Completion of Regional Partnership Planning Process**

**March 18, 2003**

Regional partnership planning is intended to be a strategic and longer-term process involving a comprehensive assessment of changes needed to achieve a truly community-based system of public mental health, mental retardation, and substance abuse services. This on-going grass-roots planning and communication process provides a structure for bringing key stakeholders to the table to:

engage in dialogue about major issues facing the region;

consider and propose regional and state-level actions that would improve quality of care and service capacity in the region; and

explore potential opportunities to restructure the region's public service delivery system.

Regional partnership planning provides a structure for obtaining regional input for state-level planning activities, including the Comprehensive State Plan, and budget and legislative initiatives. It also provides a mechanism for regional cooperation and involvement in statewide planning initiatives, such as the MR/MI Task Force, the Access and Alternatives study group, and the Specialized Population Planning Groups that are being established by the Department to focus on Child and Adolescent MH and SA Services, Forensic Services, Geriatric Services, and Mental Retardation Services.

Each region is asked to establish a Regional Partnership that will include key stakeholders, including representatives of local and regional consumer and family-member advocacy organizations, public and private providers, local legislators, and other interested individuals. These Partnerships are not intended to duplicate existing regional planning structures. Existing processes and structures can be used if they meet these criteria.

Seven Regional Partnerships would be established.

Northwestern Virginia (Region I)

Southside Virginia (Region III)

Northern Virginia (Region II)

Central Virginia (Region IV)

Far Southwestern Virginia (Region III)

Eastern Virginia (Region V)

Catawba Area (Region III)

To perform this assessment of needed changes, each Regional Partnership is asked to solicit a wide range of local stakeholder views regarding service needs, priorities, and potential services realignment or restructuring. Each Regional Partnership should provide multiple opportunities for broad citizen input. Approaches for obtaining this input might include:

Public forums

Public meetings

Surveys

Focus groups

Listening sessions.

The following types of input are encouraged:

Consumer, family member, provider, local government, and other stakeholder expectations of the public services system;

Feedback on major issues and priority service needs facing the region; and

Ideas for doing things differently to improve access, quality of care, and service delivery and to achieve efficiencies.

The CSBs and state facilities in each region will decide how staff support would be provided to this activity.

Regional partnership planning is intended to be the vehicle through which CSBs, state facilities, and key stakeholders come together to:

Examine administrative and structural issues and other challenges facing the region;

Recommend strategies to improve regional and local systems of mental health, mental retardation, and substance abuse care to meet the needs of consumers and achieve efficiencies in administrative functions and service delivery;

Offer recommendations to the Department for state-level actions, including potential:

policy, legislative, regulatory, financing, and administrative changes;

initiatives for inclusion in the DMHMRSAS Comprehensive State Plan and biennium budget submission; and

proposals for significant restructuring of regional services; and

Assess the region's readiness for significant restructuring of state facility and community services within the region.

In its discussions, each Regional Partnership is encouraged to consider its vision for the region's system of public mental health, mental retardation, and substance abuse services and to examine the region's ability to adequately and appropriately respond to the service and support needs of populations that are difficult to serve within the region's current service structure or who have particularly challenging issues that place them at risk for institutionalization. Guiding Principles for DMHMRSAS Regional Restructuring Planning are attached. Also attached are ideas and potential areas for consideration by Regional Partnership participants as they begin this process.

Each region will determine:

How it wants to organize and conduct its restructuring planning effort,

What service needs, issues, and challenges it wants to address,

What strategies, initiatives, and recommendations it wants to pursue, and

How far the region is willing and ready to restructure its system of state facility and community services.

DMHMRSAS recognizes that it is not possible for regions to address every possible issue at this time. Each region should set its own priorities for regional attention and should develop a realistic planning horizon that takes into account competing demands.

The important thing is to get started with an inclusive process that has comprehensive stakeholder involvement. **Each region needs to organize and convene its Regional Partnership by April 21, 2003.**

As it develops the next update to the Comprehensive State Plan and its proposed budget and legislative initiatives this summer, the Department would like to incorporate the work of each Regional Partnership. To obtain this information, the Department requests that each region provide its first **Regional Partnership Report** to the Department by **Friday, August 1, 2003.**

Because some regions may not be able to fully develop plans for regional initiatives to improve certain aspects of regional and local systems of care in time for inclusion in this first report and the Comprehensive State Plan update and biennial budget submission, those regions should include these initiatives in their second **Regional Partnership Report**, due to the Department by **Monday, August 2, 2004.**

**Regional Partnership Reports** should be provided (in Microsoft Word) to Charline Davidson via e-mail ([cdavidson@dmhmrsas.state.va.us](mailto:cdavidson@dmhmrsas.state.va.us)).

Each region's **Regional Partnership Report** should:

**1. *Describe any regional recommended strategies to improve regional and local systems of care.*** Include:

Any actions that the region wants to take to better meet the needs of consumers or achieve efficiencies in administrative functions and service delivery; and

Any budget and legislative initiatives that the region proposes, including a description of the initiative, funding requirements, involved entities, and applicable timeframes.

**2. *Describe any regional recommendations for state-level action or actions.*** Include:

Issues related to state policies, procedures, reporting requirements, and regulations that the region may wish to recommend be addressed through state-level actions; and

Multi-region or statewide service issues.

**3. *Include an assessment of the region's readiness for and potential viability of significant restructuring of state facility and community services within the region.***

If the Regional Partnership recommends the complete closure of a state mental health facility or its conversion to another use pursuant to House Bill 995, 2001, the region should:

Describe potentially affected facility services and the types and potential locations of community services that would be needed to successfully restructure state facility and community services in the region;

Identify significant implementation issues and challenges, including potential economic impact on affected jurisdictions, needed bridge funding for community services development, patient protections during transition, and transition of affected state employees; and

Describe the region's initial thoughts as to how identified implementation issues and challenges might be addressed.

Questions regarding requested information should be forwarded to Charline Davidson (804-786-7357).

## **DMHMRSAS Guiding Principles for Regional Restructuring Planning**

**Consumer Focus** – Consumer needs should be at the center of this planning process.

**Commitment to Staff** – The system should be committed to the retention, redeployment, training, and development of services system staff.

**Community-Based – With Safety Net** – The system should be structured to provide, manage, and coordinate services as close to the consumer's home as possible, with the state assuring a safety net for individuals who cannot be served in the community.

**Change Incentives** – Incentives should be created or changed to promote a community-based system of care that delivers the highest possible quality of services.

**Continuum of Care** – The system should provide a continuum of care where the severity of a consumer's illness or disability determines the most appropriate location, level, type, and intensity of care.

**Reinvestment of Resources** – System resources should be redirected and reinvested to minimize reliance on and promote the effective use of inpatient services, however, the cost of inpatient services should not be shifted to local government.

**Flexibility and Choice** – The system should be flexible and seamless, allowing for the greatest amount of consumer choice, and be able to respond to changing population and consumer needs.

**Maximize Funds** – The system should be structured to maximize all available public funds, especially Medicaid, and make the most efficient and effective use of these resources.

**Financial Viability** – The long-term financial viability of services should be incorporated in plans for restructuring.

### **Possible Questions to Consider for the Region's Vision of Its System of Care**

How closely do the region's key values and guiding principles correspond to the DMHMRSAS Guiding Principles for Regional Restructuring Planning?

What should the region's public system of care look like and how should it be designed and operated?

How might the region's public system of care better serve individuals:

Who are difficult to serve within the region's current service structure or who have particularly challenging issues (e.g., individuals with dual or co-occurring diagnoses);

Who are at risk for institutionalization or placement in more intensive services than necessary because other service alternatives do not currently exist or exist in insufficient amounts; and

Who now reside in institutions but are identified as ready for discharge or who could be served in the community if services were available.

How might the region's public system of care promote recovery, rehabilitation, habilitation, and self-determination to the greatest extent possible?

How might the region's public system of care adopt evidence-based practices?

How might the state facilities serving the region fit in the region's overall system of care, particularly with respect to their role and responsibilities, the services they offer, and populations they serve?

How might the region promote desired linkages with other health, social services, other human services, education, and criminal justice agencies and organizations?

## **Potential Areas for Regional Strategies**

Enhancing or improving service availability, access, appropriateness, efficiency, and effectiveness generally or for specific populations.

Overcoming identified structural disincentives affecting service delivery in the region.

Addressing demographic and socio-economic trends or other factors facing the region that will influence future service demand, public or private service availability, or service system resources.

Strengthening quality of care provided to consumers.

Achieving efficiencies in administrative functions.

Addressing workforce issues.

Improving linkages and collaboration among the region's CSBs and state facilities and other public and private services providers for consumers to be able to better access services and supports.

Resolving issues related to DMHMRSAS, DMAS, or other state policies, procedures, reporting requirements, and regulations.